Testimony of
Robert Maloney
Director of the Baltimore City
Mayor's Office of Emergency Management
before the
Committee on Homeland Security
Subcommittee on Emergency Preparedness, Response and Communications
U.S. House of Representatives

April 26, 2012

Good afternoon Chairman Bilirakis, Ranking Member Richardson, and Members of the Subcommittee. I am Robert Maloney, the Director of the Baltimore City Mayor's Office of Emergency Management and Chairman of the Urban Area Workgroup for the Central Maryland Region. I have the humbling responsibility of coordinating and administering both local and regional federal preparedness grant funds. I am a veteran of the United States Navy. I served eight years in the reserves as a corpsman for the United States Marines Corps and was deployed to Fallujah, Iraq in 2005. On behalf of Mayor Stephanie Rawlings-Blake, it is my pleasure to appear before you today to discuss proposed changes to the Department of Homeland Security (DHS) grant program structure. We are fortunate in Maryland. Governor Martin O'Malley and Baltimore Mayor Stephanie Rawlings-Blake believe in homeland security as a national priority. They work in concert to make certain all stakeholders spend homeland security grant program funding as efficiently and effectively as possible, utilizing a systematic and risk based approach.

The Baltimore UASI represents the geographic area of the Central Maryland Region, and consists of the City of Baltimore, the State Capital, and five of the six most populated counties in the state that reside outside of the National Capitol Region (NCR).The region has over 3 million residents and is the 19th largest metropolitan statistical area (MSA) in the nation. There are significant important federal government assets in the region, including the Aberdeen Proving Ground, Fort Meade, the National Security Agency (NSA), the United States Naval Academy, and the headquarters of the Social Security Administration and the Centers for Medicare and Medicaid Services. Baltimore is the home of 18th ranked port in total cargo tonnage in the United States. DHS places Baltimore in the top 25% of urban areas with respect to asset-based risk. Additionally, its location on the Eastern Seaboard creates significant risk for hurricanes, storm surge and flooding.

Each month, the emergency managers and public safety leaders in the seven jurisdictions of the Baltimore UASI come together to discuss regional public safety and homeland security issues. Under this work group, there are several functional subcommittees. These subcommittees include health and medical, law enforcement, emergency planners, urban search and rescue, communications, technology, and

hazardous materials. Committee members develop projects to improve our safety, but more importantly, they work together as a region.

Because of the Baltimore UASI and the Urban Area Work Group, no jurisdiction in Central Maryland is preparing for or responding to an incident alone. The UASI grant program has promoted regional collaboration. Groups of stakeholders within Maryland have organized around the established funding streams. Their dedication to coordinated planning and response has served us well. We have worked to break down silos so that the appropriate people are in the room at all times. We have made significant investments in equipment, trained our personnel, enhanced our technology and upgraded our emergency operations centers. But more importantly, we have utilized these grant programs as the impetus to organize the appropriate stakeholders around one of the most important issues our nation faces; its homeland security. The value of the relationships fostered as a result of the infrastructure developed around UASI funds is inestimable. During an emergency, I can pick up the phone and call my neighbor. I can ask for help, resources, or just advice. My staff members can do the same with their counterparts. In the Baltimore Urban Area we've been able to provide funds to our private sector partners for preparedness over and above any federal or state mandate through our continued partnership philosophy. As a result of engaging the appropriate stakeholders in the whole community, the hospital emergency managers, the leaders of functional and access needs communities, law enforcement leaders, and hazmat technicians can do the same. We are no longer just the City Baltimore. We are a regional force ready to combat any threat or hazard that comes our way.

Our UASI has been able to unite public safety leaders across city and county borders; other UASI groups have even crossed state lines. They have done this only by organizing around these funding streams aimed at building regional preparedness. The new proposed grant consolidation does not take into account the inter-jurisdictional and inter-state achievements made. Instead of fostering collaboration to build capabilities, the proposed consolidation will promote competition by having local jurisdictions compete within their own state to win funds. A competitive process has the potential to incentivize localities to try to outdo one another, rather than work together. Grant programs should be used to encourage regional collaboration and build relationships between jurisdictions, not create a wedge between them. Discarding the individual grant programs means discarding the infrastructure built around them, and threatens the relationships cultivated around our collaborative commitment to national homeland security.

Over the past several years, DHS has administered grants to my locality and region to build our capabilities to prepare for, protect against, mitigate the effects of, respond to, and recover from an emergency or disaster event. Previously, DHS administered fifteen grant programs for different sectors, threats, and purposes. These grant programs, including the State Homeland Security Grant Program, the Port Security Grant Program, and the Urban Area Security Initiative Grant, have been critical in the development of our local level capabilities in a variety of functional areas, including health and medical, law enforcement, urban search and rescue, and interoperable communications.

Over the past two years, homeland security grant programs have taken drastic cuts. In FY2011, the Homeland Security Grant Program funds were cut by 50%. These funding cuts hit the State Homeland Security Grant Program and Tier II Urban Area Security Initiative Grants the hardest.

In FY 2012, the Department of Homeland Security eliminated seven grant programs from FY 2011 to adjust for additional decreases in overall funding. The eliminated grant programs included the Metropolitan Medical Response System (MMRS), Citizen Corps Program (CCP), Regional Catastrophic Preparedness Grant Program (RCPSP), Emergency Operations Center Grant Program (EOCGP), Driver's License Security Grant Program (DLSGP), Freight Rail Security Grant Program (FRSGP), and Intercity Bus Security Grant Program (IBSGP). These cuts have caused limited resources to be spread incredibly thin. For example, the Port of Baltimore, one of the largest on the east coast, is now competing for funds out of a pool of only approximately $30 million, and *still* has to find a twenty-five percent match. On top of these cuts, DHS has now proposed to consolidate the eight remaining grants into a single grant program known as the "National Preparedness Grant Program."

States and local jurisdictions were forced to shift capabilities developed or maintained under eliminated funding steams to other programs. Before we have the chance to make sense of the impact of these cuts and shifts in our capabilities in a system of grants with limited flexibility, we are being asked to undergo an overhaul of the system. It seems the proposed overhaul, the National Preparedness Grant Program, was developed without robust local input or boots on the ground expertise. While I appreciate the challenges for FEMA of managing different grants on multiple systems that originated from multiple agencies, I am here today to tell you we are worried that we do not have the evidence to indicate that consolidation is a necessary or appropriate next step.

In the current fiscal climate, these cuts have hit all of us very hard. Instead of taking steps to make improvements or close existing capability gaps, we are now focusing on sustaining the capabilities that we have developed through these grant programs. It is imperative that all stakeholders understand the mandate for preparedness at the local level has not decreased. Since our Mayor took office in early 2010, Baltimore City alone has experienced a major winter storm, a tornado, nursing home and downtown hotel evacuations, several flooding events, Hurricane Irene, Tropical Storm Lee, and an earthquake. We are not alone. Over the past 59 years, the nation has averaged 35 major disaster declarations per year. However, in 2011 the US experienced 99 major disaster declarations, up from 81 major disaster declarations in 2010.   The threat of a major emergency or disaster event in the United States is increasing, but our funding level is decreasing. Now, more than ever, we need to make sure our investments are well informed. Before you take additional measures to cut costs, we need to be aware of the impact of the measures already taken. Consolidation after a series of consecutive funding cuts is too much, too soon.

We also have concerns about how the Threat Hazard Identification and Risk Assessment (THIRA) will inform local level capability investments. THIRA is a tool that was introduced by FEMA this year to assess various threats and hazards, and the vulnerability of and consequences to communities to those hazards. The results of the THIRA process are supposed to establish an informed foundation for planning and preparedness activities. Since THIRAs are required at the state level, locals may have less of a voice to express what is really needed on the ground. The lack of clarity regarding the implications of THIRA on federal funding allocation decisions is also disconcerting. For example, if a particular region is in need of an asset and two neighboring states both want to develop the asset, who is going to decide which state is awarded the funds necessary for development? The use of THIRA needs to be informed by state and local input prior to its use in funding allocation decisions.

Moreover, grant consolidation shifts most of the burden of grant administration to the state level. The proposed consolidation includes both a baseline state allocation and competitive allocation. States will be required to apply for funds, decide how to disperse funds, and manage these dispersements. Additional state level capabilities in grant writing and administration will need to be developed to manage this workload. Concerns about the capacity of State Administrative Agencies to build these capabilities over the next year are widespread among my peers at the local level. Again, little local or state input was requested to develop the process, making concerns about the utility of implementation paramount.

As a city, a region, and a nation, we have worked very hard and utilized DHS grant funds to close many capability gaps over the past several years. We have developed cell phone tracking capabilities allowing law enforcement the ability to pinpoint the location of a specific cell phone, enhancing efforts to locate an individual. We have implemented LINX, a shared database tool that crosses jurisdictional, regional, and state lines, to allow law enforcement to have the same data on individuals when working long term and immediate cases.

During the 1990s and the early part of the 21st century, provisions for interoperable communications between jurisdictions that did not share a geographic boundary were limited. The need for interoperable communications was a core lesson learned from the response to the terrorist attacks of September 11th. Since then, Maryland has invested $48 million of its own funds to support the development and implementation of an interoperable statewide radio system. DHS funds have supported the Central Maryland Area Radio Communications (CMARC) Project Team to enhance this city and state capability priority regionally. The original goal of CMARC was to develop a regional radio system for interoperability that would leverage existing infrastructure, improve coverage and supplement the capacity of existing "operable" radio systems under the control of local jurisdictions. CMARC has since added several state agencies, including the Maryland Transit Administration (MTA), Maryland Institute for Emergency Medical Services Systems (MIEMSS) and Maryland Department of Natural Resources (DNR) as interoperability partners. An upgrade to the Network Management System (NMS), scheduled for completion by the end of the 2012 calendar year, is being made possible

by grant funds. This upgrade will provide IP based voting capabilities region wide and allow control of all CMARC local jurisdiction radio resources from the regional back-up 911 Center in Central Baltimore County. The Maryland Institute for Emergency Medical Services Systems (MIEMSS), the state agency charged with oversight of emergency medical services, will be equipped with a Radio Gateway Unit. Additionally, on-street portable radio coverage will become available for critical infrastructure such as BWI-Marshall Airport, Fort Meade, NSA, the I-95 corridor in Howard County and the Amtrak Northeast train corridor in Anne Arundel County. Implementation and sustainment of the system is made possible by DHS grant funds. While Maryland has plans to continue to invest in this system, it has not been developed nationwide. We have not yet closed this capability gap, but grants are being slashed. Continued funding cuts threaten the investments we have already made, and have the potential to prevent the realization of a nationwide interoperable communications system.

The Central Maryland Region has also utilized DHS funds to create robust capabilities in the health and medical functional area. Prior, the Baltimore Urban Area had few resources to deal with mass casualty events beyond ordinary day to day capabilities. Such an event would overwhelm the region's hospital systems. There were no standard interagency SOP's within metro Baltimore to pre-identify staff, hospital beds, or other resources that can be deployed following a catastrophic event. The establishment of an alternate care site (ACS) post disaster would be ad hoc and undersupplied. Recognizing this capability gap, the Baltimore UASI utilized grant funds to convert an old gymnasium building scheduled for demolition into a "Turn Key" Surge Center. Regional hospital emergency managers and emergency medical services leaders worked with academic experts to develop standard operating procedures and guidelines to allow for seamless activation and operation of the facility across multiple partners. In tandem, common equipment was procured and pre-deployed to the ACS facility for eventual use in an emergency. Work surrounding the ACS continues. Current objectives include arrangement of pre-designation and pre-approval of the facility as an ACS by the Maryland Office of Health Care Quality, development of MOUs with public and private partners for critical elements of site operation such as security and mortuary services, and development of protocols for triggering direct EMS transport during a public health emergency. DHS grant funds continue to support the development of additional ACS sites, as well as sustainment and environmental maintenance of existing facilities. A loss of funds could result in the loss, or deterioration, of this regional institution that has demonstrated to close a capability gap.

The Central Maryland Region also was without sufficient ability to track patients during a major incident. The need for a family reunification and patient location system became evident after a series of incidents involving over 20 patients separated from family members. In addition to family reunification, such a system was also necessary for law enforcement to locate individuals during an investigation and for public health officials to document patients who were in direct contact with an infected individual, as well as track clients and medications at the points of distribution. Previously, Maryland conducted patient tracking by hand on paper. This system was not sufficient for a surge of hundreds, or even thousands, of patients. To close this capability gap, the Baltimore

metropolitan area utilized DHS grant funds to procure an Electronic Patient Tracking System (EPTS) for use by Fire/EMS, Hospitals, Health Departments, Emergency Management, and State Agencies. The system allows for patients to be tracked from the scene of an incident to the hospital, and assists in patient reunification following a mass casualty incident. Additionally, hospitals are able to access information on patients during transport. The result is unprecedented improvements in healthcare asset utilization, patient treatment, response time, and event documentation. Loss of funds will mean the loss of ability to sustain this important capability.

The combined utility of these investments have come to light in the UASI funded Maryland Shock Trauma Project. Maryland Shock Trauma is located in Baltimore City, and is the only facility in the state of Maryland designated as a Primary Adult Resource Center (PARC). As such, it provides the highest level of trauma care, treating over 7,500 critically injured patients each year with a 97% survival rate. The Baltimore UASI grant funded a project designed to expand regional collaboration for medical surge. The project utilizes high fidelity emergency medical services exercise and training simulations, coupled with an enhanced exercise and training platform that will maximize current Baltimore UASI funded projects related to patient tracking, voice and interoperable radio communications systems, and data communications. Upon completion this project will facilitate real time enhanced on scene and transport patient care over current and planned video and data networks. The entire State of Maryland, as well as anyone who accesses our system through mutual aide, will benefit from the patient care enhancements related to the increased medical surge, exercise and training capacities.

Could some of these investments be redundant? Perhaps.

Have all of our investments provided tremendous added value to overall National security? Maybe not, but most definitely have.

Is there still a need for federal homeland security funding to states and local jurisdictions? Yes, in fact, the need is increasing. Local jurisdictions are struggling to maintain basic services. In Baltimore, we struggle simply to keep firehouses open. This funding is critical, now more than ever, to maintain the long term viability of our investments.

Is revamping the entire grant structure going to answer these questions, eliminate redundancy and ensure significant value attributable to all investments? Absolutely not.

As I have already discussed, there is evidence that our capability gaps have become smaller. Our systems reflect that we are more prepared. However, we do not know the magnitude of this preparation, the root case of our successes and of failures, or the best way to move forward. I cannot stand here and tell you that we are more prepared because of one grant or another, or because of one purchase or another. DHS grant applications require applicants to discuss capability gaps; however, DHS has never provided a standardized, evidence-based tool to help local jurisdictions to analyze these gaps systematically. In result, we do not have limited data to show the impact,

successes or failures of our programs. Additionally, FEMA has recently begun the development of State Preparedness Reports in an effort to assess national preparedness. However, the format of these state preparedness reports has changed over the past two years, with another proposed change in the data requested for this coming year. If we cannot even figure out how to assess our own preparedness, how can we attribute any one success or failure to any specific grant program? We need to figure out what is working and what is not working before we throw everything together and "hope for the best." What I can stand here and tell you is that throwing all of these grant programs away, and the infrastructure and partnerships developed around them, is going to make things worse, not better.

We often throw around the word "homeland security," with little regard to what "homeland" really means. Our homeland is comprised of a conglomerate of counties, parishes, and cities, in our UASIs, states, tribal lands, and territories. It is made up of American citizens who live in these counties, parishes, and cities. Every day, something threatens their safety. Whether from a natural disaster, a terrorist threat, a criminal, or a simple personal health event, when these citizens, who are at the heart of our homeland, need protection they call 911 to activate their local first response system. This system is operated at the local level. Its utility is a product of the capabilities which that local government has developed. It is only as good as the training and motivation of the personnel and the quality of resources within it.

Our federal partners should know that local jurisdictions do not have contingency plans or alternative funding sources to maintain capabilities should federal funds be discontinued or rescinded. There is no money. Our federal partners must realize that local level personnel are providing national level homeland security. States and locals use DHS funding to develop national assets. For example, during Hurricane Katrina, we were able to send a UASI funded USAR team and decontamination truck to the Gulf Coast. While this asset was developed and maintained in the Baltimore region, we were able to ensure that it contributed to the capabilities critical to our overall national emergency response mission when it was needed most. We rely on federal funds to ensure provision of a service that benefits the whole of our nation; the everyday protection of and rapid response to the needs of its citizens.

I hope that you will help us to maintain the capabilities we have developed, and help us to continue identifying and closing gaps. We are happy to participate in an evaluation of our programs and assessment of our preparedness. Only then will we know what programs are working, and what grants those programs are funded by. We will have a better understanding of the impact of our investments and the changes already made to our funding streams. Local and state officials, who are at the heart of the implementation of these grant programs, need to be partners in the development of assessment and evaluation methods. As we are the ones who will experience the impact, we need to be in the room to develop the solution. With a little bit of time, science, and ingenuity, together, we will be able to say with confidence what the next best step is. Until then, I implore you to prevent an ill-informed and hasty decision. We must continue to invest in preparedness, and discontinue cuts in funding critical to the

development and sustainment of our capabilities. Grant guidance should have the flexibility to allow states and locals to maintain capabilities. I hope that you will continue to fund our programs, and delay the proposed consolidation until we have the appropriate evidence to inform such a major change.

Thank you for allowing me to appear before you today. I welcome any questions from the committee.